

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09-463541

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14	1		1		1	
15		1		1		
16		1		1		
17		2		1		
18		2		1		
19		2		1		
20		1		1		
21		1		1		
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49						
50						
TOTAL IND.	2		2		2	
TOTAL DEP.	28		21		18	
TOTAL CLAIMS	30		23		20	

	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						